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Bib Data Sheet

CONFIRMATION NO. 7033

|                             |                                   |              |                        |   |
|-----------------------------|-----------------------------------|--------------|------------------------|---|
| SERIAL NUMBER<br>09/755,325 | FILING DATE<br>01/05/2001<br>RULE | CLASS<br>536 | GROUP ART UNIT<br>1645 | ATTORNEY<br>DOCKET NO.<br>7529/1H460US2 |
|-----------------------------|-----------------------------------|--------------|------------------------|---|

## APPLICANTS

Ali Hemmati-Brivanlou, New York, NY;  
Daniel C. Weinstein, New York, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A DIV OF 09/318,443 05/25/1999 PAT 6,197,947  
WHICH CLAIMS BENEFIT OF 60/087,575 06/01/1998

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 03/06/2001

\*\* SMALL ENTITY \*\*

|                                 |   |                           |                        |                       |                            |
|---------------------------------|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR<br>COUNTRY<br>NY | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>14 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and<br>Acknowledged    | Examiner's Signature<br>Initials  |                           |                        |                       |                            |

## ADDRESS

DARBY & DARBY P.C.  
805 Third Avenue  
New York, NY 10022

## TITLE

Translation initiation factor 4AIII, and methods of use thereof

|                               |   |  |
|-------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>420 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                               |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
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|                               |   | <input type="checkbox"/> Other _____                           |
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